



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 7**

11201 Renner Boulevard  
Lenexa, Kansas 66219

**01 OCT 2015**

**CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED**

Article No.: 7002 0860 0006 5964 6889

Mr. Donald Zila  
Chairman  
Village of Thurston  
P.O. Box 215  
Thurston, Nebraska 68062

Re: Failure to Submit Quarterly Discharge Monitoring Reports  
Village of Thurston, Nebraska; NPDES Permit: NE0031739

Dear Mr. Zila:

**NOTICE OF VIOLATION  
FAILURE TO SUBMIT DMR**

The National Pollutant Discharge Elimination System permit issued to the Village of Thurston requires you to submit to the U.S. Environmental Protection Agency quarterly Discharge Monitoring Reports (DMRs). Copies of blank DMR forms are included for your use and to make copies so they can be used for future reporting (Enclosure). The following DMRs have not yet been received:

3<sup>rd</sup> Quarter 2015 – (April–June 2015) – Due on July 28, 2015

**Please submit the DMRs for each of the quarters within five calendar days from receipt of this notice.**

All required values on the DMR must be reported accurately. If the wastewater treatment facility had no discharge in the time period, please enter an X into the "No Discharge" box on the face of the form. Make sure all blanks are complete, including the signature blanks. The signature must be from an individual that has signature authority, as outlined in the NPDES permit. If you have no samples but a discharge occurred, a DMR is still required with an explanation of why a sample was not taken.

Please note that influent samples are required monthly for all parameters in your permit even if a discharge is not occurring.

Please submit the DMRs and make sure that the information is complete, accurate and legible. Be sure to keep a copy for your records and return the completed DMRs with the original signature **within five calendar days** from receipt of this notice to:



Printed on Recycled Paper

Chief, Water Enforcement Branch  
Water, Wetlands and Pesticides Division  
Region 7 U.S. Environmental Protection Agency  
11201 Renner Blvd  
Lenexa, KS 66219

The Village of Thurston must take all appropriate actions to come into compliance with its NPDES permit, the requirements of the CWA and the EPA's implementing regulations.

If you have any questions concerning this Notice of Violation, please call Don Hamera at 913-551-7818, or via email at [hamera.don@epa.gov](mailto:hamera.don@epa.gov).

Sincerely,



Diane L. Huffman  
Chief, Water Enforcement Branch

Enclosure

cc: Ron Klein, Village Maintenance  
Steve Goans, NDEQ  
Denny Haag, IHS

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Village of Thurston  
**ADDRESS:** Rural Route 3  
Thurston, NE 68062  
**FACILITY:** VILLAGE OF THURSTON  
**LOCATION:** RURAL ROUTE 3  
THURSTON, NE 68062

NE0031739	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR Mailing ZIP CODE:** 68062  
MINOR  
(SUBR 04)  
Effluent Monitoring  
External Outfall

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM 04/01/		TO	06/30/	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****		*****	*****				
00300 EG 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		When Discharging	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00310 EG 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	30 MO AVG	45 WKLY AVG	*****	mg/L		When Discharging	GRAB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00400 EG 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	*****	SU		When Discharging	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00530 EG 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	80 MO AVG	120 WKLY AVG	*****	ug/L		When Discharging	GRAB
Nitrogen, total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. MO AVG	*****	mg/L		When Discharging	GRAB
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00610 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	.84 DAILY MX	1.69 MO AVG	*****	mg/L		When Discharging	GRAB
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. MO AVG	*****	mg/L		When Discharging	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Village of Thurston  
**ADDRESS:** Rural Route 3  
Thurston, NE 68062  
**FACILITY:** VILLAGE OF THURSTON  
**LOCATION:** RURAL ROUTE 3  
THURSTON, NE 68062

NE0031739	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 68062

MINOR  
(SUBR 04)  
Effluent Monitoring  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
FROM	04/01/	TO	06/30/

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DISCHARG	*****	MGD	*****	*****	*****	*****		Daily When Discharging	MEASRD
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
51041 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	575 SINGSAMP	*****	*****	CFU/100m L		When Discharging	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 EG 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	85 MO AVG	*****	*****	%		Once Every Event	CALCTD
Duration of discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	d		When Discharging	MEASRD
Flow, total	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	Mgal/mo	*****	*****	*****	*****		When Discharging	MEASRD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Village of Thurston  
**ADDRESS:** Rural Route 3  
Thurston, NE 68062  
**FACILITY:** VILLAGE OF THURSTON  
**LOCATION:** RURAL ROUTE 3  
THURSTON, NE 68062

NE0031739	001-B
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR Mailing ZIP CODE:** 68062

MINOR  
(SUBR 04)  
Influent Monitoring  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/	TO	06/30/

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****			*****				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>		*****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. AVERAGE	*****	MGD	*****	*****	*****	*****		Daily	METER

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			AREA Code	NUMBER	MM/DD/YYYY
<b>TYPED OR PRINTED</b>					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)